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Notice of Independent Review Decision

DATE OF REVIEW: January 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right subtalar steroid injection of ankle.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The requested right subtalar steroid injection of ankle is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related injury on xx/xx/xx. He reportedly sustained a crush injury to the right ankle and foot. The patient was initially diagnosed with a nerve damage injury. The patient underwent right tarsal tunnel release in xxxx. The patient then developed an atypical pain syndrome, determined to be complex regional pain syndrome, which was also complicated by deep vein thrombosis. Over time, the patient developed degenerative arthritis and pain in the right ankle. The patient has been treated with at least 10 injections to the ankle. An ankle joint fusion was performed in 2002 followed by a subtalar fusion/osteotomy in 2011. The patient has also been treated with anti-inflammatory medication. According to the documentation submitted for review, the patient underwent a fluoroscopically guided injection of the right

subtalar joint on 12/11/13 and 5/8/14. His provider has recommended right subtalar steroid injection of ankle.

The Carrier's denial letter dated 12/16/14 indicates that there is no current detailed physical examination submitted for review and the patient's objective functional response to prior subtalar joint injections is not documented to establish efficacy of treatment and to support an additional injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

According to Official Disability Guidelines (ODG) the patient does not meet criteria for right ankle subtalar steroid injection. The ODG guidelines do not recommend corticosteroid injections for tendinitis or Morton's neuroma. Moreover, corticosteroid injections are currently under study for heel pain and most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. In addition, the patient has been previously treated with multiple subtalar joint injections. There is no documentation of a significant functional improvement following each procedure. Based on the clinical information received and the ODG guidelines, the current request cannot be determined as medically necessary. In accordance with the above, I have determined that the requested right subtalar steroid injection of ankle is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)